2011 Military Health System Conference

Harnessing the Power of MHS Information Systems to Achieve Meaningful Use of Health Information

The Quadruple Aim: Working Together, Achieving Success

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TMA and Services

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Learning Objectives

- Explain current Meaningful Use regulations
- Explain how MHS plans to meet the 2011 Meaningful Use requirements,
- Highlight other coordinated Service and MHS initiatives that go beyond MU, and
- Discuss integrating business intelligence to achieve Meaningful Use/meaningful use going forward

Background

- On July 13, 2010, CMS issued final rule on EHR Medicare/Medicaid Incentive Payment Program regarding implementation of Meaningful Use (MU) in 2011
- Final rule established a total of 28 MU core and menu objectives; 5 menu objectives may be deferred
- MHS Goal is measured compliance with all objectives by Sep 2011

Key Points

- MHS well positioned to achieve full compliance based upon historic EHR investments included CPOE and structured documentation in AHLTA

- Meeting the MHS Goal will require
  - Business process changes
  - Technology Changes
  - Analytics work for reporting

- Initial MU measure reports targeted for March 2011

2011 Objectives and Measures for MU Final Rule: Core Objectives

Improve Quality, Safety, and Efficiency Objectives	Stage 1 Measure
Use CPOE for medication orders directly entered by any licensed health care provider per state, local and professional guidelines (e.g. MD, DO, RN, PA, NP) for more than 30% of unique patients with at least one medication in their medication list	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital have at least one medication entered using CPOE
Implement one clinical decision support rule and the ability to track compliance with the rule	Implement one clinical decision support rule (Attestation)

2011 Objectives and Measures for MU Final Rule: Core Objectives

Improve Quality, Safety, and Efficiency Objectives	Stage 1 Measure
Record and chart vital signs: height, weight, blood pressure, calculate and display BMI, plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen or admitted, height, weight, and blood pressure are recorded as structured data
Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written are transmitted electronically using certified EHR technology
Maintain up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen or admitted have at least one entry or an indication that no problems are known for the patient recorded as structured data

2011 Objectives and Measures for MU Final Rule: Core Objectives

Improve Quality, Safety, and Efficiency Objectives	Stage 1 Measure
Implement drug-drug, drug-allergy interactions	Enabled this functionality for the entire EHR
Record demographics: preferred language; gender; race; ethnicity, date of birth, and date and preliminary cause of death for a hospital mortality	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital have demographics as recorded structured data
Maintain active medication list	More than 80% of all unique patents seen or admitted have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data

2011 Objectives and Measures for MU Final Rule: Core Objectives

Improve Quality, Safety, and Efficiency Objectives	Stage 1 Measure
Maintain active medication allergy list	More than 80% of all unique patents seen or admitted have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
Record smoking status for patients 13 years or older	More than 50% of all unique patients 13 years or older seen or admitted have smoking status recorded as structured data
Report ambulatory or hospital clinical quality measures to CMS or States	For 2011, provide data by attestation; For 2012, electronically submission required

2011 Objectives and Measures for MU Final Rule: Core Objectives

Engage Patients and Families Objectives	Stage 1 Measure
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all unique patients of the EP, eligible hospital who request an electronic copy of their health information are provided it within 3 business days
Outpatient: Provide clinical summaries for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
Hospitals Only: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital who request an electronic copy of their discharge instructions are provided it

2011 Objectives and Measures for MU Final Rule: Core Objectives

Improve Coordination of Care Objectives	Stage 1 Measure
Capability to exchange key clinical information (ex: problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of the certified EHR technology's capacity to electronically exchange key clinical information

Privacy and Security Objective	Stage 1 Measure
Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis and implement updates as necessary and correct identified security deficiencies as part risk management process

2011 Objectives and Measures for MU Final Rule: Menu Objectives (non core)

Improve Quality, Safety, and Efficiency Objectives	Stage 1 Measure
Incorporate clinical lab-test results into EHR as structure data	More than 40% of all clinical lab test results ordered whose results are either in a positive/negative or numerical format are incorporated in EHR as structured data
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients with a specific condition
Implement drug-formulary checks from at least one internal or external drug formulary	Attestation Yes or No

2011 Objectives and Measures for MU Final Rule: Menu Objectives (non core)

Improve Quality, Safety, and Efficiency Objectives	Stage 1 Measure
Hospitals Only: Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to a hospital have an indication of an advance directive status recorded
Outpatient Only: Send reminders to patients per patient preference for preventive/follow-up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period

2011 Objectives and Measures for MU Final Rule: Menu Objectives (non core)

Engage Patients and Families Objectives	Stage 1 Measure
Outpatient Only: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within 4 business days of the information being available to the provider	More than 10% of all unique patients seen are provided timely (available to the patient within 4 business days of being updated in the certified EHR technology) electronic access to their health information
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate	More than 10% of all unique patients seen or admitted to the eligible hospital are provided patient-specific education resources

2011 Objectives and Measures for MU Final Rule: Menu Objectives (non core)

Improve Coordination of Care Objectives	Stage 1 Measure
The provider or eligible hospital who receives a patient from another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral	Provide a summary of care record for more than 50% of transitions of care and referrals
The provider or eligible hospital who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	Perform medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the provider or admitted

2011 Objectives and Measures for MU Final Rule: Menu Objectives (non core)

Improve Population and Public Health Objectives	Stage 1 Measure
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies
Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of the EHR technology's capacity to submit electronic data to immunization registries

2011 Objectives and Measures for MU Final Rule: Menu Objectives (non core)

Improve Population and Public Health Objectives	Stage 1 Measure
Hospitals Only: Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of EHR technology's capacity to provide submission of reportable lab results to public health agencies

Technical Changes Supporting Meaningful Use and Patient Centered Medical Home

- Changes to the MHS Patient Portal which is TricareOnLine (TOL)
  - "Look and Feel" improvements
  - Developed/implemented TOL Family Log-on
  - Federate TOL with eBenefits and DFAS Portals
  - TRICARE Online "Blue Button"
    - Allows users to save their personal health data on their computer
    - Implemented June 9, 2010 at TRICARE Online
- Technical changes which support MU, PCMH, and Patient Portal Initiative
  - Meaningful Use Portlets (Patient Health Data)
  - Secure Messaging Single Sign On

Panel Discussion

MHS Quadruple Aim

Summary

- Both functional and technical work is ongoing to ensure MHS meets 2011 MU Objectives

- The activities underway for MU, Patient Portal Initiative, Secure Messaging, Patient Center Medical Home, and the Personal Health Agenda Action Plan are mutually supportive.

Back-up

Possible Future Changes to MU Policy (Source: CMS Brief)

- Intend to propose 2 additional Stages through future rulemaking.
- Future Stages will expand upon Stage 1 criteria.
- Stage 1 menu set will be transitioned into core set for Stage 2
- CPOE measurement will go to 60% *(MHS currently compliant)*
- Administrative transactions will be added
- Will reevaluate other measures – possibly higher thresholds
- Stage 3 will be further defined in next rulemaking

Stage 1 Final with Stage 2 and 3 Proposed Objectives from the Request for Comments from HHS

Improve Quality, Safety, and Efficiency Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
Use CPOE for medication orders (30%)	CPOE for at least 1 med, and 1 lab or rad order 60%	CPOE for at least 1 med, and 1 lab or rad order 80%
Drug-drug/drug-allergy interaction checks	Employ on appropriate evidence-based interactions	Add drug age, drug dose, drug lab, and drug condition checking
E-Prescribing (40%)	50%	80%
Record demographics (50%)	80%	90%
Record vital signs (50%)	80%	80%
Record smoking status (50%)	80%	90%

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Improve Quality, Safety, and Efficiency Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
Implement 1 CDS rule	Use CDS to improve performance on high-priority health conditions.	Use CDS to improve performance on high-priority health conditions.
Implement drug formulary checks	Move current measure to core	80% of medication orders are checked against relevant formularies
Record existence of advance directives (EH) (50%)	Make core requirement. For EP and EH 50% of patients >=65 have recorded in EHR	90%

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Improve Quality, Safety, and Efficiency Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
Lab results as structured data (40%)	Move current measure to core	90% of lab results electronically ordered by EHR are stored as structured and reconciled with orders
Generate patient lists for specific conditions	Make core. Generate lists for multiple patient-specific parameters	Patient lists are used to manage patients for high-priority health conditions
Sent patient reminders (20%)	Make core	20% of active patients who prefer to receive reminders electronically receive preventive or follow-up reminders

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Improve Quality, Safety, and Efficiency Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
None	30% of visits have at least one electronic EP note	90%
None	30% of EH patient days have at least one electronic note by a physician, NP, or PA	80%
None	30% of EH medication orders automatically tracked via electronic medication administration recording	80%

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Engage Patients and Families in Their Care Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
Provide electronic copy of health information upon request (50%)	Continue Stage 1	90% of patients have timely access to copy of health information from EHR upon request
Provide electronic copy of discharge instructions (EH) at discharge (50%)	80%	90%
EHR-enabled patient specific educational resources (10%)	Continue Stage 1	20%

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Engage Patients and Families in Their Care Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
None	80% of patients offered the ability to view and download via a web-based portal relevant information contained in record about EH inpatient encounters	Same
Provide clinical summaries for each office visit (EP) (50%)	Patients have ability to view and download relevant information about a clinical encounter within 24 hours. Follow-up tests linked to orders and available in future summaries of the encounter.	Same
Provide timely electronic access (EP) (10%)	Patients have ability to view and download information in longitudinal record within 4 days of data being available and can filter and organize by date, etc.	Same

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Engage Patients and Families in Their Care Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
Provide timely electronic access (EP) and Provide clinical summaries for each office visit (EP)	EPs: 20% of patients with web access use a web-based portal to access their information.	30%
None	EPs: online secure patient messaging is in use	Same
None	Patient preferences for communication medium recorded for 20% of patients	80%

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Engage Patients and Families in Their Care Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
None	None	Offer electronic self-management tools to patients with high priority health conditions
None	None	EHRs have capability to exchange data with PHRs using standards-based health data exchange
None	None	Patients offered capability to report experience of care measures online
None	None	Offer capability to upload and incorporate patient-generated data into EHRs and clinician workflow

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Improve Care Coordination Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
Perform test of HIE	Connect to at least three external providers in "primary referral network" or establish ongoing bidirectional connection to one HIE	Connect to at least 30% of external providers in "primary referral network" or establish ongoing bidirectional connection to one HIE
Perform medication reconciliation (50%)	80%	90%
Provide summary of care record (50%)	Move to Core	80%

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Improve Care Coordination Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
None	List of care team members (including PCP) available for 10% of patients in EHR	50%
None	Record a longitudinal care plan for 20% of patients with high-priority health conditions	50%

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Improve Population and Public Health Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
Submit immunization data	EH and EP: Mandatory test. Some immunizations are submitted on an ongoing basis to Immunization Information System (IIS) as required by law	Same + during well child/adult visits provides review IIS records via their EHR
Submit reportable lab data	EH: move to core EP: Lab reporting menu – ensure reportable lab results and conditions are submitted to public health agencies	Mandatory test. EH: submit reportable lab results and reportable conditions. Complete contact information on 30% of reports.

Stage 1 Final with Stage 2 and 3 Proposed Objectives

Improve Population and Public Health Objectives		
Stage 1 Final	**Stage 2 Prop**	**Stage 3 Prop**
Submit syndromic surveillance data	Move to core	Mandatory test; submit if accepted
None	None	Public Health Button for Eh and EP: Mandatory test and submit if accepted. Submit notifiable conditions using reportable public-health submission button.
None	None	Patient-generated data submitted to public health agencies